



# STUDENT GRANT AND EXPENSE VERIFICATION

|                                 |             |
|---------------------------------|-------------|
| CASE NAME                       | CASE NUMBER |
| COMMUNITY SERVICES OFFICE (CSO) | DATE        |

## SECTION 1: TO BE COMPLETED BY DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

|                                    |                  |
|------------------------------------|------------------|
| FINANCIAL SERVICES SPECIALIST NAME | TELEPHONE NUMBER |
|------------------------------------|------------------|

|                         |
|-------------------------|
| CLIENT NAME AND ADDRESS |
|-------------------------|

## SECTION 2: TO BE COMPLETED BY STUDENT

|                             |                        |                |
|-----------------------------|------------------------|----------------|
| STUDENT NAME (PLEASE PRINT) | SOCIAL SECURITY NUMBER | NAME OF SCHOOL |
|-----------------------------|------------------------|----------------|

本人授權上面列名的學校提供我就學的資料給社會福利服務部（DSHS），就業安全部（ESD），以及職業重建局（DVR）。這些資料包括的項目有獎學金，教育費用，修課時數，出席狀況，以及成績報告等。DSHS將使用這些資料以便正確地決定我接受公共補助（PA）和／或食物券（FS）等福利的資格。這份表格的副本將會送到ESD用來決定我接受JOBS或FIP工作計劃補助的資格。這份表格的另一份副本將會送到DVR以便決定我接受職業重建計劃服務的資格。

學校需要十天的時間來完成這份表格。請將一份財務補助獎學金的影印本附在這份表格上，並將之寄回您的社區服務辦公室。另外自己保留一份副本。

|                   |      |
|-------------------|------|
| STUDENT SIGNATURE | DATE |
|-------------------|------|

## SECTION 3: TO BE COMPLETED BY THE SCHOOL

Student is: ☐ Undergraduate; ☐ Graduate. Student attends: ☐ less than 1/2 time; ☐ 1/2 time or greater.

Period for which award and expenses cover: \_\_\_\_\_ through \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Award funds are issued each: ☐ Quarter ☐ Semester ☐ Other (Specify): \_\_\_\_\_

The following costs were used in budgeting the student's financial aid award. NOTE: Please consider the student's child care needs when establishing the financial aid need.

|  |                  |      |
|--|------------------|------|
| 1. Total Financial Award:  |                  | \$   |
| 2. Tuition and fees:   | \$               |      |
| 3. Books and supplies:   | \$               |      |
| 4. Transportation:   | \$               |      |
| 5. Miscellaneous personal expenses:  | \$               |      |
| 6. Sub-total Expenses: (For ESD work programs) (Add lines 2 thru 5)                    | \$               |      |
| 7. Dependent care expenses: (For PA/FS programs)                                       | \$               |      |
| 8. Total Attendance Expenses: (For PA/FS Programs) (Add lines 6 + 7)                   | \$               |      |
| 9. Total Financial Award Available: (For PA/FS Programs) (Subtract line 8 from line 1) |                  | \$   |
| FINANCIAL AID REPRESENTATIVE SIGNATURE   | TELEPHONE NUMBER | DATE |